Employee Wellness Needs Assessment

What programs or topics would interest you? (Please check all that apply)

Physical Activity Programs Body Fat Testing Reduced Fitness Club Membership Rates Exercise Tolerance (Stress Testing) On-site Low Impact Exercise Equipment Prescribed Exercise Programs	☐Yoga Cla ☐Dance C ☐Walking ☐Walking ☐Other	lasses Program	
Cancer Prevention	Diabetes Fad Diet Osteopo Prenatal The Brea Home Sa Immuniz Substan Secondh Smoking Hepatitis Sexually Other Financia	Nutrition astfeeding Mom afety ation ce abuse and smoke Cessation Transmitted Diseases I Management anagement g Chronic Pain	
Please indicate how likely you would be to participate in an employee wellness program during the following times:			
Extremely Likely Some	what Likely	Somewhat Unlikely	Unlikely
Before Work After Work During Lunch (at work) During Work Time	_ _ _ _		_ _ _
What would motivate you to participate in a wellness program at work?			
☐ Exercise class on site ☐ Educational classes on site ☐ Walking Club ☐ Demonstrations	Support Groups Buddy Systems Incentives Other		
Do you have other suggestions for employee wellness?			